

**PESTICIDE USE
MONITORING INSPECTION REPORT**

PR-ENF-104 (REV. 01/10) Page 1 of 1

☐ COMPLETE
☐ PARTIAL
☐ FOLLOW-UP INSPECTION

104-

ORIGINAL INSP. # _____

INSPECTING COUNTY

FIRM / PERSON INSPECTED			FIRM MAILING ADDRESS		
PROPERTY OPERATOR	SUPERVISOR	INTERVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO	BUSINESS TYPE		PERMIT / OPERATOR ID #
PROPERTY LOCATION / SITE ID			<input type="checkbox"/> Property Operator <input type="checkbox"/> N/R		
			<input type="checkbox"/> Pest Control Business BUSINESS LICENSE # _____ or <input type="checkbox"/> UNL		
ADJACENT ENVIRONMENT			<input type="checkbox"/> Maintenance Gardener _____		
			<input type="checkbox"/> Other _____		
N			LICENSE NUMBER _____	TELEPHONE NUMBER	
<input type="checkbox"/> QAL <input type="checkbox"/> QAC <input type="checkbox"/> PAC <input type="checkbox"/> JPC <input type="checkbox"/> APC <input type="checkbox"/> UNL			<input type="checkbox"/> N/R <input type="checkbox"/> UNL		
W		TREATMENT AREA	COMMODITY / SITE <input type="checkbox"/> PROD AG		
S		E	<input type="checkbox"/> OTHER		
METHOD OF APPLICATION (CHECK ONE):		<input type="checkbox"/> 1. AERIAL		WIND VELOCITY _____	
		<input type="checkbox"/> 2. CHEMIGATION		DIRECTION _____ to _____	
<input type="checkbox"/> 3. HAND HELD		<input type="checkbox"/> 4. GROUND RIG			
<input type="checkbox"/> 5. OTHER					
HANDLER'S NAME / # INTERVIEWED _____			PERSONAL PROTECTIVE EQUIPMENT WORN		
ACTIVITY					

PESTICIDE NAME / MANUFACTURER	LABEL REGISTRATION NUMBER	SIGNAL WORD	FORMULATION	RATE	DILUTION

A. APPLICATION				B. MIX/LOAD				A. APPLICATION				B. MIX/LOAD			
COMPLIANCE			REQUIREMENTS	Section	COMPLIANCE			COMPLIANCE			REQUIREMENTS, (Continued)	Section	COMPLIANCE		
YES	NO	N/A			YES	NO	N/A	YES	NO	N/A			YES	NO	N/A
			1. PCB Licensed	11701							19. Closed Sys. Used /Criteria - "Danger"	6746			
			2. PCB Registered in County	11732							20. Protect. of Persons/Animals/Property	6614			
			3. Labeling Available at Use Site	6602							21. Equipment Registered - PCB	11732			
			4. Notice of Intent Submitted	6434							22. Equipment Identified - PCB	6630			
			5. Certified Applicator Sup RM	6406							23. Backflow Prevention - Airgap	6610			
			6. Complies w/Permit Conditions	12973							24. Containers Secured / Attended	6670			
			7. Labeling - Site/Rate/Other	12973							25. Containers Labeled / Closures	6676			
			8. Labeling - PPE	12973							26. Service Container Labeling	6678			
			9. Regulations - PPE	6738							27. Proper Containers	6680			
			10. Respiratory Protection	6739							28. Proper Pesticide Transport	6682			
			11. Coveralls, "Warning / Danger"	6736							29. Containers Properly Rinsed	6684			
			12. Handler(s) Trained	6724							30. Accurate Measurement	6604			
			13. Emergency Med. Care Posting	6726							31. Ground Water Protection	6487.1-5			
			14. Employee Working Alone, "Danger"	6730							32. Wellhead Protection	6609			
			15. Decontamination Facility	6734							33. Dormant Insecticides	6960			
			16. Eyewash Immed. Available - Prod. Ag.	6734(c)											
			17. Field Postings	6776											
			18. Safe Equipment	6742							TOTAL	TOTAL			

COMPLIANCE ACTIONS:

Cease and Desist Order 11737 / 11897 / 13102

☐ YES ☐ NO

Follow-up Required

☐ YES ☐ NO**COMPLIANCE ACTIONS, (Continued):**

Correct Noncompliances By:

Remarks - Include a detailed description of noncompliances. When additional space is required, continue on Inspection Report / VN Supplement, PR-ENF-111.

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INSPECTOR (Print Name)	Signature	TIME AND DATE INSPECTED
INSPECTION ACKNOWLEDGED BY (Print Name)	Signature	DATE ACKNOWLEDGED

VIOLATION NOTICE ☐ YES ☐ NO # _____